MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		2				
5		1				
6		1				
7		1				
8		1				
9	1					
10		1				
11		1				
12		2				
13		1				
14		1				
15		1				
16		1				
17	1					
18		1				
19		1				
20		2				
21		1				
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23		1				
24		1				
25	1					
26		1				
27		1				
28		2				
29		1				
30		1				
31		1				
32		1				
33	1					
34	1					
35	1					
36	1					
37		11				
38		11				
39		11				
40		11				
41		11				
42		11				
43		11				
44		11				
45						
46						
47						
48						
49						
50						
TOTAL IND.	8					
TOTAL DEP.	61					
TOTAL CLAIMS	72					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						